## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/518362

| CLAIMS AS FILED - PART I  |  |                                  |  |                                |              |                              |     | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|----------------------------------|--|--------------------------------|--------------|------------------------------|-----|-------------------|------------------------|----------------------------|---------------------|------------------------|
|   |  | <del></del>                      | (Column 1)                                 |                                | (Column 2)   |                              |     |                   |                        |                            |                     |                        |
| U.S.  | NATIONAL S                                     | STAGE FEES                       |  |                                |              |                              |     | RATE              | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE   |  |                                  | SMALL ENT.                                 | = \$ 150                       | LARG         | E ENT. = \$ 300              | BAS | IC FEE            |                        | OR                         | BASIC FEE           | 642                    |
| EXAMINATION FEE   |  |                                  | Satisfies PCT Ar<br>(4) = \$50             |                                |              | er situations = 100 / \$ 200 | EXA | M. FEE            |                        |                            | EXAM. FEE           | 20)                    |
| SEARCH FEE  |  |                                  | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                      |              | er situations = 250 / \$ 500 | SEA | RCH FEE           |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |                                  | (DS minu                                   | us 100 =                       |              | / 50 =                       | X   | \$ 125 =          |                        |                            | X \$ 250 =          | व्य                    |
| TOT   | AL CHARGEAE                                    | BLE CLAIMS                       | )5 minus 20 = .                            |                                |              |                              | ×   | \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDE  | PENDENT CL                                     | AIMS                             | <b>B</b> m                                 | inus 3 =                       | • 5          |                              | ×   | \$ 100 =          |                        | OR                         | X \$ 200 =          | (800                   |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                   | ESENT                                      |                                |              |                              |     | \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                  |  |                                |              |                              |     | TOTAL             |                        | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |                                  |  |                                |              |                              |     | SMALL E           | NTITY                  | OR                         | OTHER SMALL E       |                        |
| AMENOMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA             |     | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 15                             | Minus                                      | * 15                           |              | =                            | ×   | <b>(\$25=</b>     |                        | OR                         | X \$ 50 =           | ·                      |
|   | independent                                    | • 7                              | Minus                                      | *** 7                          |              | =                            | Х   | \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                                |              |                              | +   | \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |                                  |  |                                |              |                              |     | TAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT. FEE    |                        |
| (Column 1) (Column 2) (Column 3)  |  |                                  |  |                                |              |                              |     |                   |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA             |     | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •                                | Minus                                      | **                             |              | 2                            | ×   | (\$ 25 =          |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | •                                | Minus                                      | ***                            |              | 2                            | х   | \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                                |              |                              | 1 L | \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |                                  |  |                                |              |                              |     | TAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". |  |                                  |  |                                |              |                              |     |                   |                        |                            |                     |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.